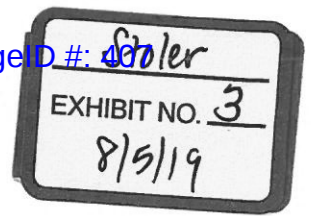


EXHIBIT A-4



Customer Certification and Consent

I certify that all of the information in this RMA is truthful and the hardship(s) identified above has contributed to submission of this request for mortgage relief.

I authorize and give permission to the Servicer, and its respective agents, to assemble and use a current consumer report on all borrowers obligated on the loan, to investigate each borrower's eligibility for assistance and the accuracy of my statements and any documentation that I provide in connection with my request for assistance. I understand that these consumer reports may include, without limitation, a credit report, and be assembled and used at any point during the application process to assess each borrower's eligibility thereafter.

I understand that the Servicer will use the information I provide to evaluate my eligibility for available relief options and foreclosure alternatives, but the Servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.

If I am eligible for assistance and I accept and agree to all terms plan, or agreement, I also agree that the terms of this Certification are incorporated into such notice, plan, or agreement by reference as if set forth therein in full. My first timely payment, if required, following my Servicer's determination and notification of my eligibility or prequalification for assistance will serve as my acceptance of the terms set forth in the notice, plan, or agreement sent to me.

I consent to being contacted concerning this request for mortgage assistance at any e-mail address or cellular or mobile telephone number I have provided to the Servicer. This includes text messages and telephone calls to my cellular or mobile telephone.

Jessica Stoler

Borrower Signature

Jessica Stoler

Borrower Name

[REDACTED]

Social Security Number

3-1-17

Date

Co-Borrower Signature

Co-Borrower Name

Social Security Number

Date

Form **4506T-EZ**

(Rev. August 2014)

Department of the Treasury
Internal Revenue Service**Short Form Request for Individual Tax Return Transcript**

OMB No. 1545-2154

▶ Request may not be processed if the form is incomplete or illegible.

▶ For more information about Form 4506T-EZ, visit www.irs.gov/form4506tez.

Tip. Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946.

1a Name shown on tax return. If a joint return, enter the name shown first.

Jessica Stoler

1b First social security number or individual taxpayer identification number on tax return

2a If a joint return, enter spouse's name shown on tax return.

2b Second social security number or individual taxpayer identification number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

2122 21st St. Nitro, WV 25143

4 Previous address shown on the last return filed if different from line 3 (see instructions)

5 If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Third party name

PennyMac Loan Services

Telephone number

866-629-4570

Address (including apt., room, or suite no.), city, state, and ZIP code

6101 Condor Drive, Moorpark, CA 93021

Caution. If the tax transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in this line. Completing this step helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.

2014

2015

2016

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS will notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

Caution. Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, either spouse must sign. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Sign
Here

Signature (see instructions)

Date

Spouse's signature

Date

Phone number of taxpayer
on line 1a or 2a

304-989-0516

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 54185S

Form **4506T-EZ** (Rev. 08-2014)**STOLER_PENNYMAC_000654**




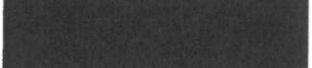
Borrower's Authorization Form

Authorization to Release Information

To Whom It May Concern:

1. The undersigned Borrower and Co-Borrower (if any) (individually and collectively, "Borrower"), authorize PennyMac Loan Services, LLC to obtain, share, release, discuss and otherwise provide to and with you public and non-public personal information contained in or related to the mortgage loan. This information may include (but is not limited to) the name, address, telephone number, social security number, credit score, credit report, income, loss mitigation application status, account balances, program eligibility, and payment activity of the Borrower.
2. PennyMac Loan Services, LLC will take reasonable steps to verify your identity, but it has no responsibility or liability to verify the identity of any third party. PennyMac Loan Services, LLC also has no responsibility or liability for what a third party does with such information.
3. This Third-Party Authorization is valid when signed by all Borrowers and Co-Borrowers named on the mortgage and until PennyMac Loan Services, LLC receives a written revocation signed by any Borrower or Co-borrower.
4. A copy of this authorization may be accepted as an original.

I UNDERSTAND AND AGREE WITH THE TERMS OF THIS THIRD-PARTY AUTHORIZATION:

	Jessica Stoler		3-1-17
Borrower Signature	Borrower Name	Social Security Number	Date
_____ Co-Borrower Signature	_____ Co-Borrower Name	_____ Social Security Number	_____ Date

~~Non-Borrower (Contributor)~~

The undersigned Non-Borrower authorizes PennyMac Loan Services, LLC to obtain, share, release, discuss and otherwise provide to and with you public and non-public personal information contained in or related to the mortgage loan of the Non-Borrower. This information may include (but is not limited to) the name, address, telephone number, social security number, credit score, credit report, income, government monitoring information, loss mitigation application status, account balances, program eligibility, and payment activity of the Non-Borrower.

I, Jessica Stoler, occupy the home at 2122 21st St and request my income be included in the review for a modification on the loan secured by the property address above.

This consent for a credit bureau report will expire upon completion of the modification review.

NAME (Non-Borrower) _____ Date: _____
Non-Borrower Social Security Number _____



REQUEST FOR MORTGAGE ASSISTANCE MONTHLY EXPENSES

- Complete each category or place an "X" in the N/A column if the expense doesn't apply to you

Expense Category	N/A	Monthly Payment	Comments
First Mortgage Principal & Interest payment		\$ 707.	
Second Mortgage Principal & Interest payment	X	\$	
Homeowners Insurance	X	\$	
Property Taxes	X	\$ included	
HOA/Condo Association		\$ —	
Life/Health Insurance	X	\$ comes out of paycheck	\$62
Auto Loan/Lease		\$ 342.	
Gas Company		\$ 115.	
Water & Power		\$ 120. 150.	
Phone		\$ 173.	
Cable		\$ 175.	
Internet		\$ w/ cable	
Trash		\$ 25.	
Groceries/Food		\$ 450.	
Car Gas		\$ 150.	
Car Insurance		107.	
Medical Expenses (Not covered by insurance)		\$ 85.	
Child/Spousal Support	X	\$	
Total Credit Card Payments		\$ 185.	
Other (please specify)		\$ 100.	work expenses
Other (please specify)	X	\$	
Total Debt/Expenses		\$ 2884.	

STOLER PENNYMAC_000656

REQUEST FOR MORTGAGE ASSISTANCE Income

Monthly Household Income

- Fully complete each section of the form. Indicate N/A if the category doesn't apply
- Refer back to the Quick Reference Guide for help completing any Income categories

Borrowers Full Name:		Co-Borrowers Full Name:		Contributor (if applicable) Full Name:	
Jessica Lynn Stoler					
Monthly Gross Wages	\$ 2500.80	Monthly Gross Wages	\$	Monthly Gross Wages	\$
Overtime	\$ no	Overtime	\$	Overtime	\$
Self-employed Income	\$ no	Self-employed Income	\$	Self-employed income	\$
Unemployment Income	\$ no	Unemployment Income	\$	Unemployment Income	\$
Untaxed Social Security/SSD	\$ no	Untaxed Social Security/SSD	\$	Untaxed Social Security/SSD	\$
Taxable Social Security /Retirement	\$ no	Taxable Social Security /Retirement	\$	Taxable Social Security /Retirement	\$
Food Stamps or Welfare	\$ no	Food Stamps or Welfare	\$	Food Stamps or Welfare	\$
Alimony /Child Support*	\$ no	Alimony /Child Support*	\$	Alimony /Child Support*	\$
Tips, commission and bonus	\$ no	Tips, commission and bonus	\$	Tips, commission and bonus	\$
Gross Rents	\$ no	Gross Rents	\$	Gross Rents	\$
Other (Explain)	\$ —	Other (Explain)	\$	Other (Explain)	\$
Other (Explain)	\$ —	Other (Explain)	\$	Other (Explain)	\$
Total Gross Income	\$ 2500.80	Total Gross Income	\$	Total Gross Income	\$

Number of people in household:	3	Number of dependents in household:	2
If you included contributor Income above, provide the following:			
Full Name:	Phone Number:	Monthly Mortgage Contribution:	
		\$	
Contributions by people not on the mortgage will require verification			
Explanation of mortgage contributions: (Describe frequency, agreements, terms)			

*You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered for your loan modification application.

STOLER PENNYMAC_000657

STOLER PENNYMAC ASSISTANCE Employment History

- All borrowers must include two years of employment history
- Add additional pages, if needed

BORROWER		CO-BORROWER	
Are you currently employed? (Y/N)	yes	Are you currently employed? (Y/N)	
Are you self-employed? (Y/N)	no	Are you self-employed? (Y/N)	
Most recent employer name:		Most recent employer name:	
CDI Corp			
Business Address:		Business Address:	
Cross Lanes, WV			
Business Phone #:		Business Phone #:	
304-776-3819			
Monthly Income (before tax):		Monthly Income (before tax):	
\$ 2500.80		\$	
Start Date (MM/DD/YY):	End Date (MM/DD/YY):	Start Date (MM/DD/YY):	End Date (MM/DD/YY):
1-27-12	Still employed		
Employer Name:		Employer Name:	
See date above			
Business Address:		Business Address:	
Business Phone #:		Business Phone #:	
Monthly Income (before tax):		Monthly Income (before tax):	
\$			
Start Date (MM/DD/YY):	End Date (MM/DD/YY):	Start Date (MM/DD/YY):	End Date (MM/DD/YY):
Employer Name:		Employer Name:	
Business Address:		Business Address:	
Business Phone #:		Business Phone #:	
Monthly Income (before tax):		Monthly Income (before tax):	
\$		\$	
Start Date (MM/DD/YY):	End Date (MM/DD/YY):	Start Date (MM/DD/YY):	End Date (MM/DD/YY):

STOLER PENNYMAC 000650

REQUEST FOR MORTGAGE ASSISTANCE Other Properties Owned

OTHER PROPERTIES OWNED

If you receive rental income from a property, other than the property with PennyMac, you must provide a copy of all Lease Agreements, along with bank statements showing deposits or rent checks.
Otherwise, check the "Not Applicable" box below and sign this form:

☒ Not Applicable – I do NOT own any other homes.

Signature: J. Stoler

Date: 3-1-17

Other Properties Owned

Other Property #1

Address:

Mortgage Servicer Name:

Loan #:

Monthly Payment:

Loan Balance:

The property is currently:

Vacant: _____ Rented: _____ Seasonal/Second Home: _____

If "Rented", how much rental income is collected each month?

Monthly HOA Dues: \$

If property taxes and homeowners insurance are not included in mortgage:

Monthly taxes: \$

Monthly Homeowners Insurance: \$

Other Property #2

Address:

Mortgage Servicer Name:

Loan #:

Monthly Payment:

Loan Balance:

The property is currently:

Vacant: _____ Rented: _____ Seasonal/Second Home: _____

If "Rented", how much rental income is collected each month?

Monthly HOA Dues: \$

If property taxes and homeowners insurance are not included in mortgage:

Monthly taxes: \$

Monthly Homeowners Insurance: \$

STOLER PENNYMAC_000659

REQUIREMENT FOR MORTGAGE ASSISTANCE Principal Residence Information

PRINCIPAL RESIDENCE INFORMATION

- Fully complete each section of the form
- Provide the most up to date information on liens, property taxes, homeowners insurance and HOA dues

Principal Residence Information		
Principal Residence Address: 2122 21st St. Nitro, WV		
Are you requesting assistance on your principal residence? (Y/N) yes	If "Yes", do you want to keep the property or sell the property? keep	
Are there other mortgages or liens on this property? no		
If "Yes", provide the mortgage servicer or lien holder information below:		
Name: n/a	Contact Number:	Loan Number:
Name:	Contact Number:	Loan Number:
**Provide all known liens and mortgages. Add an additional page if needed.		
Do you have a condominium or homeowner association? no	If "Yes", what is the recurring association fee?	\$ _____ Monthly, quarterly or yearly?
Name & Address of HOA: n/a	Are the fees current?	If no, what is the balance due? \$ _____
If your mortgage payment does not include property taxes, are the taxes current?		
If your mortgage payment does not include homeowners insurance, is the insurance premium paid?		
If "No", when was the last insurance premium paid?		
Is the property listed for sale? no	If "Yes", when was it listed? (mm/dd/yy)	
Listing Agent's Name & Address: n/a		
Listing Agent's Phone & Email:		
Have you received a purchase offer?	If "Yes", when was the offer received?	
If "Yes", what is the amount of the offer?	What is the closing date?	
Contact your listing agent if you have any questions about completing this form		

STOLEN PENNY MAC 000660

REQUEST FOR MORTGAGE ASSISTANCE Hardship Affidavit

HARDSHIP AFFIDAVIT

- Clearly describe the reason you are having trouble paying your mortgage
- Provide as much detail about your hardship as possible with dates and timeframes for specific events
- Explain any steps you've taken to avoid defaulting on your loan, such as reducing expenses

I am having difficulty making my monthly payment because of financial difficulties created by:

<input type="checkbox"/> Unemployment	<input type="checkbox"/> Mortgage Payment Increase	<input type="checkbox"/> Military Service
<input checked="" type="checkbox"/> Reduction of Income	<input type="checkbox"/> Property Problems	<input type="checkbox"/> Inability to Rent Property
<input type="checkbox"/> Business Failure	<input type="checkbox"/> Title Problems	<input checked="" type="checkbox"/> Marital Difficulties
<input type="checkbox"/> Illness in Family	<input type="checkbox"/> Job Relocation	<input type="checkbox"/> Abandonment of Property
<input checked="" type="checkbox"/> Excessive Debt/Obligation	<input type="checkbox"/> Incarceration	<input type="checkbox"/> Other (explain)

I believe that my situation is:

<input type="checkbox"/> Short Term (under 6 months)	<input type="checkbox"/> Long Term (over 6 months)	<input checked="" type="checkbox"/> Permanent
--	--	---

Explanation:

I have been struggling with excessive debt for some time and now - with a divorce the household income has drastically lowered. I do not make enough to pay this on my own. Ex paid mortgage and hasn't lived here for months. Thank you

(Continue on another page if necessary)

STOLER PENNYMAC_000661

REQUEST FOR MORTGAGE ASSISTANCE Borrower Information

In order to fully evaluate your request for assistance, it's important that you complete all forms attached. On the following pages, you'll be asked to provide:

- Information about yourself and your intention with the property
- A detailed description of the hardship that has prevented you from paying your mortgage
- Information about your income, expenses and assets

BORROWER INFORMATION FORM – complete all sections of the below form. Indicate N/A for anything that doesn't apply to you or your loan.

Borrower Information					
Loan Number: [REDACTED]					
Address mortgaged property: 2122 21st St.					
City: Nitro		State: WV		Zip Code: 25143	
Borrower		Full Name: Jessica Stoler		Home Phone: 304-989-0516	
Mailing Address (if different from above)				Cell Phone: Same ↑	
Social Security Number: [REDACTED]		Date of Birth: [REDACTED]		Email Address: Jessica.early@yahoo.com	
Co-Borrower		Full Name:		Home Phone:	
Mailing Address (if different from above)				Cell Phone:	
Social Security Number:		Date of Birth:		Email Address:	
Has any borrower filed for bankruptcy?			Has any bankruptcy been discharged:		
No: [REDACTED] Yes: Chapter 7 [REDACTED] Yes: Chapter 13 [REDACTED]			No: [REDACTED] Yes: [REDACTED] N/A: [REDACTED]		
Is borrower a service member? Yes (circle one) No					
If yes, have you recently been deployed away from your principal residence or recently received a permanent change of station order?					
Date: [REDACTED]					
Property:		Currently how many single family properties other than your principal residence do you and/or any co-borrower(s) own individually, jointly, or with others? none			

STOLER_PENNYMAC_000662

REQUEST FOR MORTGAGE ASSISTANCE Monthly Expenses

- Complete each category or place an "X" in the N/A column if the expense doesn't apply to you

Expense Category	N/A	Monthly Payment	Comments
First Mortgage Principal & Interest payment		\$ 707.	
Second Mortgage Principal & Interest payment	X	\$	
Homeowners Insurance	X	\$	
Property Taxes	X	\$ included	
HOA/Condo Association		\$ —	
Life/Health Insurance	X	\$ comes out of paycheck	\$62
Auto Loan/Lease		\$ 342.	
Gas Company		\$ 115.	
Water & Power		\$ 120. 150.	
Phone		\$ 173.	
Cable		\$ 175.	
Internet		\$ w/ cable	
Trash		\$ 25.	
Groceries/Food		\$ 450.	
Car Gas		\$ 150.	
Car Insurance		107.	
Medical Expenses (Not covered by insurance)		\$ 85.	
Child/Spousal Support	X	\$	
Total Credit Card Payments		\$ 185.	
Other (please specify)		\$ 100.	work expenses
Other (please specify)	X	\$	
Total Debt/Expenses		\$ 2884.	

STOLER PENNYMAC_000663

Employee Reference Copy	
W-2 Wage and Tax Statement 2016	
Copy C for employee's records OMB No. 1545-0008	
d Control number 7443820323 WNY	Dept. 01S019 Corp. Employer use only 2283
c Employer's name, address, and ZIP code CDI CORPORATION 125 LAKEVIEW DR SUITE D CROSS LANES, WV 25313	
e/f Employee's name, address, and ZIP code JESSICA STOLER 2122 21ST ST NITRO, WV 25143	
b Employer's FED ID number 23-1341909	a Employee's SSA number
1 Wages, tips, other comp. 29755.66	2 Federal income tax withheld 1310.62
3 Social security wages 29755.66	4 Social security tax withheld 1844.85
5 Medicare wages and tips 29755.66	6 Medicare tax withheld 431.46
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 DD 5433.12
14 Other	12b 12c 12d 13 Stat emp Ret plan 3rd party sick pay
15 State Employer's state ID no. WV 23-134-1909-001	16 State wages, tips, etc. 29755.66
17 State income tax 1048.00	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

This Summary is included with your W-2 to help describe portions in more detail. The reverse side includes information that will also be helpful.

Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, Other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2
GROSS PAY	33,146.10	33,146.10	33,146.10
STF Tuit	-1,806.00	-1,806.00	-1,806.00
MED 125	-1,270.10	-1,270.10	-1,270.10
DEN 125	-251.42	-251.42	-251.42
VISION	-62.92	-62.92	-62.92

W-2 WAGES 29,755.66 29,755.66 29,755.66

JESSICA STOLER
2122 21ST ST
NITRO, WV 25143

Social Security Number:
Taxable Marital Status:
Married
Exemptions/Allowances:
Federal: 2
State: 2
Local: 0

© 2016 ADP, LLC

PAGE 01 OF 01

1 Wages, tips, other comp. 29755.66	2 Federal income tax withheld 1310.62
3 Social security wages 29755.66	4 Social security tax withheld 1844.85
5 Medicare wages and tips 29755.66	6 Medicare tax withheld 431.46
d Control number 7443820323 WNY	Dept. 01S019 Corp. Employer use only 2283
c Employer's name, address, and ZIP code CDI CORPORATION 125 LAKEVIEW DR SUITE D CROSS LANES, WV 25313	
b Employer's FED ID number 23-1341909	a Employee's SSA number
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 DD 5433.12
14 Other	12b 12c 12d 13 Stat emp Ret plan 3rd party sick pay
e/f Employee's name, address and ZIP code JESSICA STOLER 2122 21ST ST NITRO, WV 25143	
15 State Employer's state ID no. WV 23-134-1909-001	16 State wages, tips, etc. 29755.66
17 State income tax 1048.00	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Federal Filing Copy
W-2 Wage and Tax Statement 2016
Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

1 Wages, tips, other comp. 29755.66	2 Federal income tax withheld 1310.62
3 Social security wages 29755.66	4 Social security tax withheld 1844.85
5 Medicare wages and tips 29755.66	6 Medicare tax withheld 431.46
d Control number 7443820323 WNY	Dept. 01S019 Corp. Employer use only 2283
c Employer's name, address, and ZIP code CDI CORPORATION 125 LAKEVIEW DR SUITE D CROSS LANES, WV 25313	
b Employer's FED ID number 23-1341909	a Employee's SSA number
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 DD 5433.12
14 Other	12b 12c 12d 13 Stat emp Ret plan 3rd party sick pay
e/f Employee's name, address and ZIP code JESSICA STOLER 2122 21ST ST NITRO, WV 25143	
15 State Employer's state ID no. WV 23-134-1909-001	16 State wages, tips, etc. 29755.66
17 State income tax 1048.00	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

WV. State Reference Copy
W-2 Wage and Tax Statement 2016
Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

1 Wages, tips, other comp. 29755.66	2 Federal income tax withheld 1310.62
3 Social security wages 29755.66	4 Social security tax withheld 1844.85
5 Medicare wages and tips 29755.66	6 Medicare tax withheld 431.46
d Control number 7443820323 WNY	Dept. 01S019 Corp. Employer use only 2283
c Employer's name, address, and ZIP code CDI CORPORATION 125 LAKEVIEW DR SUITE D CROSS LANES, WV 25313	
b Employer's FED ID number 23-1341909	a Employee's SSA number
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 DD 5433.12
14 Other	12b 12c 12d 13 Stat emp Ret plan 3rd party sick pay
e/f Employee's name, address and ZIP code JESSICA STOLER 2122 21ST ST NITRO, WV 25143	
15 State Employer's state ID no. WV 23-134-1909-001	16 State wages, tips, etc. 29755.66
17 State income tax 1048.00	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

WV. State Filing Copy
W-2 Wage and Tax Statement 2016
Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

Box 8. This amount is **not** included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. On Form 4137 you will calculate the social security and Medicare tax owed on the allocated tips shown on your Form(s) W-2 that you must report as income and on other tips you did not report to your employer. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Verification Code. If this field is populated, enter this code when it is requested by your tax return preparation software. It is possible your software or preparer will not request the code. The code is not entered on paper-filed returns.

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 is also included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box should not be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$18,000 (\$12,500 if you only have SIMPLE plans; \$21,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$18,000. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2016, your employer may have allowed an additional deferral of up to \$6,000 (\$3,000 for section 401(k)(1) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the "Wages, Salaries, Tips, etc." line instructions for Form 1040.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040. See "Other Taxes" in the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040. See "Other Taxes" in the Form 1040 instructions.

C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5).

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement.

F—Elective deferrals under a section 408(k)(6) salary reduction SEP.

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan.

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See "Adjusted Gross Income" in the Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in boxes 1, 3, or 5).

K—20% excise tax on excess golden parachute payments. See "Other Taxes" in the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable).

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Other Taxes" in the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Other Taxes" in the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5).

Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1).

T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Y—Deferrals under a section 409A nonqualified deferred compensation plan.

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Other Taxes" in the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan.

DD—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep **Copy C** until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Department of the Treasury - Internal Revenue Service

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):

TAX RETURN	
THIS FORM W-2	OTHER W-2'S

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you do not have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2016 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You cannot take the EIC if your investment income is more than the specified amount for 2016 or if income is earned for services provided while you were an inmate at a penal institution. For 2016 income limits and more information, visit www.irs.gov/eitc. Also see Pub. 596, Earned Income Credit. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Clergy and religious workers. If you are not subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA)

to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but are not the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 1-800-772-1213. You also may visit the SSA at www.socialsecurity.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2016 and more than \$7,347 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$4,321.80 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040A instructions and Pub. 505, Tax Withholding and Estimated Tax.



CO FILE # 000000-000000
 PCSXBA 000082539
 01S0195, 1089050246, WV142

CDI Corporation
 PR Cntct #: 800-616-5520
 125 Lakeview Dr
 Suite D
 Cross Lanes, WV 25313

Taxable Marital Status: M

Federal: 2 Addl\$: 0.00
 State (WV): 2 Addl\$: 0.00
 Local: 0 Addl\$: 0.00

Earnings Statement

Page 001 of 001
 Period Beginning: 12/19/2016
 Period Ending: 01/01/2017
 Advice Date: 01/05/2017
 Advice Number: 0000946434
 Batch Number: 01H110001

JESSICA STOLER
 2122 21ST ST
 NITRO, WV 25143-0000

Earnings	Rate	Hours	This Period	Year-to-Date
STF ST TM	15.6300	72.00	1125.36	1125.36
STF HOL	15.6300	8.00	125.04	125.04
Gross Pay			1250.40	1250.40

Deductions Statutory

Federal Withholding Tax	-54.35	-54.35
Social Security Tax	-73.64	-73.64
Medicare Tax	-17.22	-17.22
WV Withholding Tax	-43.00	-43.00

Deductions Other

*Medical	-50.33	-50.33
*Dental	-9.67	-9.67
*Vision	-2.66	-2.66

Net Pay: 999.53

* Excluded from federal taxable wages

Other Benefits and Information

	This Period	Year-to-Date
PDO		
Carried Forward-		-28.23
Accrued YTD+		120.00
Used YTD-		125.00
Adjust YTD+		0.00
Current Balance-		-33.23

ENT CHECK # 946434

Important Notes

Employer Identification Nbr: [REDACTED]

© 2012 ALUMINUM DATA PROCESSING, INC.



CDI Corporation
 125 Lakeview Dr
 Suite D
 Cross Lanes, WV 25313

Advice Number: [REDACTED]

Advice Date: 01/05/2017

Deposited to the account of	Account Number	Transit	ABA	Amount
JESSICA STOLER	xxxxx5128	051900366		999.53

THIS IS NOT A CHECK

STOLER_PENNYMAC_000667



CO FILE # 000000-000000
 PCSXBA 000082539
 01S0195, 1089050246, WV142

CDI Corporation
 PR Cntct #: 800-616-5520
 125 Lakeview Dr
 Suite D
 Cross Lanes, WV 25313

Taxable Marital Status: M

Federal: 2 Addl\$: 0.00
 State (WV): 2 Addl\$: 0.00
 Local: 0 Addl\$: 0.00

Earnings	Rate	Hours	This Period	Year-to-Date
STF FLOAT	15.6300	16.00	250.08	250.08
STF ST TM	15.6300	56.00	875.28	2000.64
STF HOL	15.6300	8.00	125.04	250.08
Gross Pay			1250.40	2500.80

Deductions Statutory

Federal Withholding Tax	-54.35	-108.70
Social Security Tax	-73.64	-147.28
Medicare Tax	-17.22	-34.44
WV Withholding Tax	-43.00	-86.00

Deductions Other

*Medical	-50.33	-100.66
*Dental	-9.67	-19.34
*Vision	-2.66	-5.32

Net Pay: 999.53

* Excluded from federal taxable wages

Earnings Statement

Page 001 of 001
 Period Beginning: 01/02/2017
 Period Ending: 01/15/2017
 Advice Date: 01/19/2017
 Advice Number: 0000954344
 Batch Number: 03H130001

JESSICA STOLER
 2122 21ST ST
 NITRO, WV 25143-0000

Other Benefits and Information

This Period	Year-to-Date
PDO	
Carried Forward-	-33.23
Accrued YTD+	6.92
Used YTD-	0.00
Adjust YTD+	0.00
Current Balance-	-26.31

ENT CHECK # 954344

Important Notes

Employer Identification Nbr: [REDACTED]



CDI Corporation
 125 Lakeview Dr
 Suite D
 Cross Lanes, WV 25313

Advice Number: [REDACTED]
 Advice Date: 01/19/2017

Deposited to the account of JESSICA STOLER
 Account Number xxxxx5128
 Transit 051900366
 ABA
 Amount 999.53

THIS IS NOT A CHECK

STOLER_PENNYMAC_000668

CO FILE # 000000-000000
 PCSXBA 000082539
 01S0195, 1089050246, WV142



CDI Corporation
 PR Cntct #: 800-616-5520
 125 Lakeview Dr
 Suite D
 Cross Lanes, WV 25313

Taxable Marital Status: M

Federal: 2 Addl\$: 0.00
 State (WV): 2 Addl\$: 0.00
 Local: 0 Addl\$: 0.00

Earnings Statement

Page 001 of 001
 Period Beginning: 01/16/2017
 Period Ending: 01/29/2017
 Advice Date: 02/02/2017
 Advice Number: 0000962562
 Batch Number: 05H150001

JESSICA STOLER
 2122 21ST ST
 NITRO, WV 25143-0000

Earnings	Rate	Hours	This Period	Year-to-Date
STF FLOAT	15.6300	8.00	125.04	375.12
STF ST TM	15.6300	72.00	1125.36	3126.00
STF HOL			0.00	250.08
Gross Pay			1250.40	3751.20

Deductions Statutory

Federal Withholding Tax	-54.35	-163.05
Social Security Tax	-73.64	-220.92
Medicare Tax	-17.23	-51.67
WV Withholding Tax	-43.00	-129.00

Deductions Other

*Medical	-50.33	-150.99
*Dental	-9.67	-29.01
*Vision	-2.66	-7.98

Net Pay: 999.52

* Excluded from federal taxable wages

Other Benefits and Information

Information	This Period	Year-to-Date
PDO		
Carried Forward-		-33.23
Accrued YTD+		11.54
Used YTD-		0.00
Adjust YTD+		0.00
Current Balance-		-21.69

ENT CHECK # 962562

Important Notes

Employer Identification Nbr: [REDACTED]

© 2012 Automatchdata Processing, Inc.



CDI Corporation
 125 Lakeview Dr
 Suite D
 Cross Lanes, WV 25313

Advice Number: [REDACTED]

Advice Date: 02/02/2017

Deposited to the account of	Account Number	Transit ABA	Amount
JESSICA STOLER	xxxxx5128	051900366	999.52

THIS IS NOT A CHECK

STOLER_PENNYMAC_000669